

Filing Instructions

On the **request for unclaimed monies form** the following fields must be filled in completely in order to process your claim:

- Warrant/Check No
- Amount
- Payee Full Name/Business Name
- Social Security No./Taxpayer I.D.
- Street Address
- City
- State
- Zip
- Country
- Daytime Phone
- Claimant or Authorized Agent Signature
- Date
- Address of Residence previous 3 years

Also, if you are filing a claim for which there are multiple payees on the warrant/check, please note that each payee must sign the claim form and submit the required documentation.

In addition, your signature WILL need to be notarized if your claim exceeds \$500.00.

You must also provide the following documentation to our office when filing your claim:

Individuals

- A copy of current photo identification for each claimant
- Verification of address, if mailing address is different from original mailing address or photo identification

Business

- Copy of current photo identification for the authorized agent signing the form
- Letter of Authorization on Company letterhead with the names of officers or officials with authority to sign and claim on behalf of the business
- If your company merged with another company, a copy of the merger agreement;
- If your company was dissolved, a copy of the articles of dissolution;

Mail the completed claim form and documents to the following address:

County of San Diego
Auditor and Controller
1600 Pacific Highway, Rm 070
San Diego, CA 92101

When our office receives your completed claim form, we review it carefully. If the evidence is not adequate to prove your ownership or a subsequent payment has been processed, our office will contact you or return all documents submitted, with a letter stating why the claim is incomplete or being denied. Please allow 4-6 weeks processing time.



COUNTY OF SAN DIEGO
SAN DIEGO COUNTY
REQUEST FOR UNCLAIMED MONIES

WARRANT / CHECK NO.	AMOUNT
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Each of the undersigned claimants certifies under penalty of perjury that the claimant is the owner of said unclaimed monies and the person entitled to receive the money set forth in the claim.

Furthermore, each claimant agrees to indemnify and hold harmless the County of San Diego, its officers, and its employees from any loss resulting from the payment of this claim.

EACH CLAIMANT (PAYEE) MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED

PAYEE FULL NAME / BUSINESS NAME		SOCIAL SECURITY NO. / TAXPAYER I.D.			
STREET ADDRESS		CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED			DATE	

PAYEE FULL NAME / BUSINESS NAME		SOCIAL SECURITY NO. / TAXPAYER I.D.			
STREET ADDRESS		CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED			DATE	

YOUR SIGNATURE (S) MUST BE NOTARIZED IF THE CLAIM IS OVER \$500

Subscribed and sworn before me this _____ day of _____ year of _____	
_____ Notary Public in and for	
The County of _____, State of _____	

Send completed affirmation to :

County of San Diego
Auditor and Controller
1600 Pacific Hwy, Rm 070
San Diego, CA 92101

Previous Addresses
Please list last 3 years

Date From:	Date To:			
STREET ADDRESS		CITY	STATE	ZIP

Date From:	Date To:			
STREET ADDRESS		CITY	STATE	ZIP

Date From:	Date To:			
STREET ADDRESS		CITY	STATE	ZIP

Date From:	Date To:			
STREET ADDRESS		CITY	STATE	ZIP

Date From:	Date To:			
STREET ADDRESS		CITY	STATE	ZIP

Date From:	Date To:			
STREET ADDRESS		CITY	STATE	ZIP